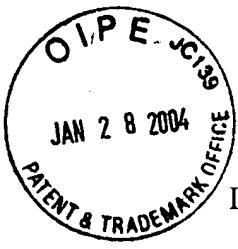


00862.021923.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of:

KATSUTOSHI USHIDA

Application No.: 09/588,683

Filed: June 7, 2000

For: **COMMUNICATION**

APPARATUS, COMMUNICATION METHOD, COMMUNICATION SYSTEM, AND STORAGE MEDIUM

Examiner: D. England

Group Art Unit: 2143

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FEB 02 2004

Technology Center 2100

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 6, 2003, the period for response to which having been extended to February 6, 2004 by the accompanying Petition For Extension Of Time with fee, please amend the above-identified application as follows:



In re Application of:

KATSUTOSHI USHIDA

Application No.: 09/588,683

Filed: June 7, 2000

Docket No. 00862.021923.

Examiner: D. England

Group Art Unit: 2143

Date: January 27, 2004

For: COMMUNICATION APPARATUS, COMMUNICATION METHOD,
COMMUNICATION SYSTEM, AND STORAGE MEDIUM

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 100	MINUS	** 100	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 26	MINUS	*** 26	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

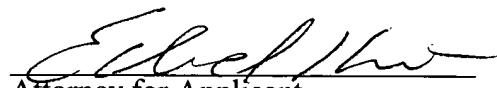
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 42,746

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Form #120
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